ARIZONA DEPARTMENT OF WATER RESOURCES
1110 W. Washington St. Suite 310, Phoenix, AZ 85007-2952

NOTIFICATION OF LEASE OF ALL OR A PORTION OF A
TYPE 2 NON-IRRIGATION GRANDFATHERED RIGHT

INSTRUCTIONS

- Both the owner and the lessee must print name and sign this form.
- This form is for a lease of a Type 2 Grandfathered Right. If there is a change of ownership of the Type 2 Grandfathered Right, please contact the Active Management Area at 602-771-8585.

AMA: □ Phoenix □ Pinal □ Prescott □ Santa Cruz □ Tucson
Notification of: □ Lease □ Sub-Lease

The undersigned parties hereby notify the Arizona Department of Water Resources of the lease of all or a portion of the following Certificate of Type 2 Non-Irrigation Grandfathered Right:

2. Amount of right indicated on the Certificate: _______________ acre-feet per annum.
3. Amount of right to be assigned to lessee: _______________ acre-feet per annum.
4. Amount of right still available for leasing: _______________ acre-feet per annum.
5. Duration of lease: from  _______________ to  _______________ month/day/year month/day/year
6. Describe the lessee's intended non-irrigation use: ______________________________________________________________
   a. Is this right associated with an industrial facility (i.e. golf course, etc)? If so, please enter the name and/or facility number: ___________________________________________________________________________________
   b. List other rights associated with the proposed use: ______________________________________________________________
7. Well Information
   Will the lease result in the temporary addition of one of more points of withdrawal from the well currently listed on the above referenced Certificate of Grandfathered Right? _____Yes _____No

OWNER
(Print or Type)

NAME ____________________________
COMPANY _________________________
ADDRESS __________________________
PHONE ____________________________
SIGNATURE ________________________ DATE __________

LESSEE
(Print or Type)

NAME ____________________________
COMPANY _________________________
ADDRESS __________________________
PHONE ____________________________
SIGNATURE ________________________ DATE __________

Send revised certificate: □ YES □ NO

If you have any questions regarding this matter, please contact the Active Management Area at (602) 771-8585.